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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000077903**

1. Corporation Name
MIG MANAGEMENT SERVICES OF PENNSYLVANIA, INC.

Principal Place of Business
 250 AUSTRALIAN AVE. S., SUITE 400
 WEST PALM BEACH FL 33401

Mailing Address
 250 AUSTRALIAN AVE. S., SUITE 400
 WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1994

4. FEI Number
65-0530854

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

PATRIE, SHARON
 250 S. AUSTRALIAN AVE.
 STE 400
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **JANE M. STEINER**

82 Street Address (P.O. Box Number is Not Acceptable)
250 AUSTRALIAN AVE., STE 400

83

84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jane M. Steiner* **JANE M. STEINER, Registered Agent 4/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **V POWERS, DANIEL L**

STREET ADDRESS **250 AUSTRALIAN AVE S 400**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE DELETE

NAME **D WRIGHT, LARRY E**

STREET ADDRESS **250 AUSTRALIAN AVENUE, SUITE 400**

CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE DELETE

NAME **D COTE, JAMES A**

STREET ADDRESS **1990 N. CALIFORNIA BOULEVARD, SUITE 640**

CITY-ST-ZIP **WALNUT CREEK CA 94596**

TITLE DELETE

NAME **P VOGT, LOUIS E**

STREET ADDRESS **250 S. AUSTRALIAN AVE. STE 400**

CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE DELETE

NAME **VTS GUTIN, KATHLEEN L**

STREET ADDRESS **250 S. AUSTRALIAN AVE. STE 400**

CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME **DV WRIGHT, LARRY E.**

1.2 NAME

1.3 STREET ADDRESS **250 AUSTRALIAN AVE, STE 400**

1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

2.1 TITLE Change Addition

NAME **V STONE, CHARLES J.**

2.2 NAME

2.3 STREET ADDRESS **250 AUSTRALIAN AVE., STE 400**

2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

3.1 TITLE Change Addition

NAME **D COTE, JAMES A.**

3.2 NAME

3.3 STREET ADDRESS **2175 N CALIFORNIA BVD., STE. 800**

3.4 CITY-ST-ZIP **WALNUT CREEK, CA 94596**

4.1 TITLE Change Addition

NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *Larry E. Wright* **LARRY E. WRIGHT, Vice Pres, 4/9/99 (561) 820-1300**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)